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Steven B. Kelber Berenato & White, LLC 6550 Rock Spring Drive						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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APPLICATION NO.	FILING DATE			FIRST NAMED INVENT	ror		ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/050,994 01/22/2002			Jim Hunter			CYPR-0018-CP2				2175		
TITLE OF INVENTION:	·	·	G LIGHT VALVE	PUBLICATION FEE D	ore lov	EV. PAID ISS		Tora	F PEED(O) 15/11D	DATED	TID.	
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EXAMINER			ART UNIT	CLASS-SUBCLASS							i	
AMARI, ALESSANDRO V Change of correspondence address or indication of			2872	359-572000								
 □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required. 				registered attorney or agent) and the names of up to							LLC	
3. ASSIGNEE NAME AT												
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(A) NAME OF ASSIC	SNEE			(B) RESIDENCE; (C	ITY and	d STATE OR	COUNT	TRY)				
Silicon Light Machines Sunnyvale, California Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government												
Please check the appropri	ate assignee category or	categor	ies (will not be pr	inted on the patent):	☐ Inc	dividual 🗶	Corporat	ion or ot	her private grou	p entity 🖵 Go	vernment	
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6. Change in Entity Stat						, i -		<u>,</u>	-1		:	
a. Applicant claims NOTE: The Issue Fee and	SMALL ENTITY state			b. Applicant is no					A CONTRACT OF THE PARTY OF THE			
nterest as shown by the r	ccords of the United Sta	tes Pate	nt and Trademark	Office.	an me a	іррисані, а ге	gistered	анопису	or agent, or the	assignee or our	party in	
Authorized Signature		Date January 31, 2011										
Typed or printed name Steven B. Kelber					Registration No.							
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